

INDIVIDUALIZED INTERVENTION PLAN SUMMARY OF STAFFING

[] **Initial Case Staffing** [] **Quarterly Review** [] **Special Review**

Youth's Name:

Client ID #:

Date of Plan Review:

*For **Quarterly Review**, report progress in goal accomplishment. Modify goals and objectives if indicated, or add new ones as appropriate. Properly update and/or modify the current Individualized Intervention Plan For **Special Review**, indicate basis for special review. Modify goals and objectives if indicated, or add new ones as appropriate. Properly update and/or modify the current Individualized Intervention Plan. At each review, replace signature page of Plan with a current one signed by all attendees.*

Reintegration/Transition Planning:

Staff Member's Signature	Discipline	Staff Member's Signature	Discipline

Youth and Family Participation in Plan			
Youth's Signature:		Family Member's Signature:	
Family at Team Meeting: Contributed to Plan		Contacted/unable/unwilling to participate	
Family participated by Phone: Contributed		Could not be contacted	
Prior contact by Phone: Discussed Plan		No family involvement allowed/requested	
<i>Comments:</i>			